

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09786-123

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	①					
5	②					
6	③					
7	④					
8	⑤					
9						
10					⑥	
11						
12						
13						
14						
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47						
48						
49						
50						
TOTAL IND.	1	1	1	2		
TOTAL DEP.	8	7	10	12		
TOTAL CLAIMS	9	8	12	12		

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
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92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

PTO-1380 (2-76)

\*DO NOT USE FOR ADDITIONAL CLAIMS OR AMENDMENTS

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